



NAME: _____ G __ P __ A __ Alive __ DOB: _____

INITIAL VISIT _____ Weeks Gestation			
Specimen	Date done	Results	Comments/Treatment
1) VDRL			
2) HEPATITIS B			
3) RUBELLA			
4) GROUP & Rh FACTOR			
5) HEMOGLOBIN			
6) URINE CULTURE			
7) If known diabetic, do FBS & 2 hr pc glucose			
8) If not diabetic:			
a) 50 gm GTT with 1 hr pc glucose			
b) 75 gm GTT with hourly glucose x 2			
9) HIV			
10) HANGING DROP			
11) PAP			
12) G.C.			
13) CHLAMYDIA			
16 WEEKS – Date tests due: _____			
1) TRIPLE SCREEN (AFP/MSS)			
2) ULTRASOUND indication:			
24-26 WEEKS – Date tests due: _____			
1) 50 gm GTT with 1 hr pc glucose			
2) 75 gm GTT with hourly glucose x 2			
28 WEEKS – Date tests due: _____			
1) ANTIBODY SCREEN			
2) HEMOGLOBIN			
3) Recto-vaginal swab for <input type="checkbox"/> Strep			
4) Repeat cervical swabs as needed			
36 WEEKS – Date tests due: _____			
1) Recto-vaginal swab for <input type="checkbox"/> Strep			
2) Repeat cervical swabs as needed			

Expected date of confinement _____ as determined by _____ dates only U/S

DIABETES SCREENING

The initial screening test is a 50 gm oral glucose load, given at any time of day, followed by a plasma glucose at 1 hour.

If the 1-hour value is ≥ 7.8 mmol/L, proceed to the 75 gm GTT.

If the 1-hour value after 50 gm load is ≥ 10.3 mmol/L, the diagnosis of **Gestational Diabetes** can be made without further testing.

Oral Glucose Tolerance Test (2 hour 75 gm)	
Fasting	> 5.3 mmol/L
1 hour	> 10.6 mmol/L
2 hour	>8.9 mmol/L

If 2 or more values are exceeded, the diagnosis is **Gestational Diabetes**.
If 1 value is exceeded, the diagnosis is **Impaired Glucose Tolerance of Pregnancy**.

Impaired Glucose Tolerance of Pregnancy (IGT of Pregnancy) is carbohydrate intolerance in pregnancy and should not be confused with IGT in the non-pregnant person.

IGT of pregnancy carries some of the same implications as does GDM and, therefore, should be treated in the same fashion.